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FACSIMILE

To:	Examiner Fangemonique A. Smith
Company:	Mail Stop Amendment
Fax:	571 273-8300
Confirmation Telephone:	
From:	Ruth Der, Paralegal
Telephone:	415 646 8029
Fax:	415 646 8035
Date:	February 24, 2009
Re:	Serial No. 10/642,406; Atty. Docket No. SENOP-03700
Pages: (including coversheet)	14
Message:	Attached is <i>Amendment And Response To Office Action Mailed 12/10/2008 (12 pages)</i> .

Please confirm receipt of this facsimile.

NOTE: Original will not follow.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Examiner: Fangemonique A. Smith
 Quick et al.) Group Art Unit: 3736
 For: BIOPSY DEVICE WITH INNER) Customer No.: 061808
 CUTTING MEMBER)
 Serial No.: 10/642,406)
 Filed: August 15, 2003)
 Atty. Docket No.: SENOP-03700)

TRANSMITTAL

CERTIFICATE OF TRANSMISSION PURSUANT TO 37 C.F.R. 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 addressed to Attn: Examiner Fangemonique A. Smith, Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 24, 2009 in San Francisco, CA.

By: 

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is
 Amendment And Response To Office Action Mailed 12/10/2008.

2. Claim Fees

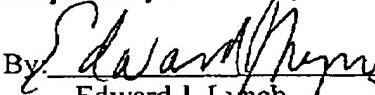
- No additional claim fee is required.

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	3 - 12 =	0 x	\$110.=	-0-
Total Claims	2202	33 - 86 =	0 x	\$26.=	-0-

3. Payment of fees

- There are no fees due with this communication. However, the Commissioner is authorized to charge the fees, the deficiency in payment and/or to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No. 50-4358, referencing Atty. Docket No. SENOP-03700.

Respectfully submitted,

By: 
 Edward J. Lynch
 Registration No. 24,422
 Attorney for Applicants

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